

Swift Medical Airlift Requirement Statement

Date: [Insert Date]

To: [Recipient's Name]

Organization: [Recipient's Organization]

Address: [Recipient's Address]

Dear [Recipient's Name],

I am writing to formally request the swift medical airlift of [Patient's Name], who requires immediate and critical medical attention due to [brief description of medical condition]. Given the severity of the situation, prompt relocation to [Destination Hospital/Facility Name] is essential for [Patient's Name]'s well-being.

Details of the Case:

- Patient Name: [Patient's Name]
- Medical Condition: [Brief Description]
- Current Location: [Current Location]
- Destination: [Destination Hospital/Facility Name]
- Required Airlift Date/Time: [Date/Time]

We appreciate your urgent attention to this matter and are available to provide any further information required. Please contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation and assistance.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]